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JUN 25 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 10/612,839
Filing Date July 3, 2003
Inventor Luan C. Tran
Assignee Micron Technology, Inc.
Group Art Unit 2818
Examiner D. le
Attorney's Docket No. MI22-2339
Confirmation No. 7177
Customer No. 021567
Title: Methods of Forming Conductive Capacitor Plugs, Methods of Forming Capacitor
Contact Openings, and Methods of Forming Memory Arrays

RESPONSE TO MAY 28, 2004 OFFICE ACTION

To: Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

From: James D. Shaurette (Tel. 509-624-4276; Fax 509-838-3424)
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AMENDMENTS

There are no amendments.

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1. Transmittal Form (PTO/SB/21)
2. Response to 5/28/2004 Office Action
3. Supplemental Information Disclosure Statement with Form PTO-1449
4. Cited Reference (1)

Dated: 6/24/2004

By:


Natalie King
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Facsimile No. (509) 838-3424

NUMBER OF PAGES IN FACSIMILE: 23

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PTO/SB/21 (03-03)

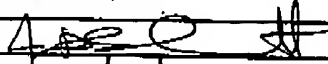
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/812,839
	Filing Date	July 3, 2003
	First Named Inventor	Luan C. Tran
	Art Unit	2818
	Examiner Name	D. Le
Total Number of Pages in This Submission	Attorney Docket Number	MI22-2339

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-1449 Cited Reference (1)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	James D. Shaurette, Reg. No. 39,833 Wells St. John, P.S.
Signature	
Date	6/24/04

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